PTO:SB/05 (08-03)
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to a coffection of information unless it displays a valid OMB control numbor.

	PAT	ENT APPLIC		FEE DETE	N F	RECORD		Application or Doctor Number 09996946				
; CLAIMS AS FILED — PART I (Column 1) (Column 2)							SMALL ENTITY		CR	OTHER THAN SMALL ENTITY		
	FOR	MUMBI	HUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE	
	C FEE FR 1.16(a))				•				OR		8	B
YOU	LCLAMS	28	28 minus 20 •		. 0		x 8•		OR	x\$•		17
DICEPENDENT CLADAS (37 OFR 1.15(b))		s 3	mbus 2		0		xs •		OR	x		2
MILITIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						ll	••		OR			7
						} L	TOTAL		OR.	TOTAL		BEST AVAILABLE
* If the difference in column 1 is less than zero, enter "O" in column 2.							IOIAL		, (1012		
	a	MA SA SMIA	ENDED	- PART II						OTHER	R THAN]
		(Cotumn 1)			(Column 2) (Column 3)		SMALL ENTITY		OR 1	SMALL ENTITY		
AMENDMENT A	1/2/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE	
	Total grown into	30	Minus	28	.2		<u>. کځ.</u>	50.00	OR	x 8		
EN C	Independent (DEP.) ROOM	. 2	eurill6	~ 2	.0	1	x s=		OR	x 8•		
₹	FEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.69(d))					ll	+1		OR	+8		
					•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
		40		(Cotumn 2)	(Column 3)	•	,		,	٠		
8 5	al 1	(Cotumn 1) CLAIMS		NIGHEST		1				RATE	- ADDI-	
	1/14/05	REMAINING AFTER AMENDMENT		PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RAILE !	TIONAL	
AMENDMENT	Total corora 1,44c0	30	Minus	- 30	.0		x s=		OR	x \$•		
ENC	Cts Cts 1'rebili parpenentra	. 2	Alimus	- 2	.0		× \$		OR	x \$ •		
AM	PRIST PRESENTATION OF MILITURE DEPENDENT CLASS (CT CFR 1.18(4))					11	+8		OR	+=		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
1	ĺ	(Column 1)		(Coturn 2)	(Cotumn 3)		'					
7		CLASMS REMAINING		HIGHEST NUMBER	PRESENT	1	RATE	ADO)-		RATE	ADOI-	/
		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	U		TIONAL			TIONAL	
AMENDMENT	Total CR GR 1,1445	\cdot	Minus		• /	1	x \$•		OR	x \$•	. /	
ENC	Independent profit 1.MAG	7	Minus	-	• /]]	x 8•		OR	x s		
¥	FIRST PRESENTATION OF MATTPLE DEPENDENT CLASS (37 CFR 1.1965)						+8=		OR	+ 8		
	<u></u>		·	•	1	•	TOTAL ADO'L FEE	/	OR .	TOTAL ADD'L FEE		
* If the entry is column 1 is less than the entry in column 2, write "O" in column 3. ** If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".												
*		tumber Previously umber Previously						the appropria	te box in c	olumn 1.		j

The Highest Number Previously Paid Fol" (Total or Independent) is the highest number tound in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to the (and by the USEPTO) to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to tatle 12 mituries to complete, useful grained appropriate, and submitting the completed application from to the USPTO. Time will vary depending upon the Individual case. Any commands in the amount of time you require to complete this form anxion suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the smooth of time you require to complete this form anxion suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tradement Office, U.S. Department of Commands, P.O. Box 1450, Alexandria, VA 22313-1450. BO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.